



04/17/01

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 105452

Date: April 17, 2001

BOX PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)

Director of the U.S. Patent and Trademark Office
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): CYCLOHEXANEDIOL CRYOPROTECTANT COMPOUNDSBy (Inventors): Kelvin G.M. BROCKBANK (Charleston, South Carolina); Michael J. TAYLOR (Mount Pleasant, South Carolina); and Lia Hanson CAMPBELL (Mount Pleasant, South Carolina)

- ☒ Formal drawings (Figs. 1-5; 3 sheets) are attached.
☒ Use Figure 2 for front page of Publication.
☒ A Declaration and Power of Attorney is filed herewith.
☐ An assignment of the invention to _____ is filed herewith.
☐ An Information Disclosure Statement is filed herewith.
☒ Entitlement to small entity status was asserted on July 28, 2000 in U.S. Provisional Application No. 60/197,669.
☐ A Preliminary Amendment is filed herewith.
☒ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. 60/197,669, filed April 17, 2000.--
☐ Priority of foreign application(s) No. _____ filed _____ in _____ is claimed (35 U.S.C. §119).
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF
ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	19 - 20	= 0*
INDEP CLAIMS	2- 3	= 0*
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

SMALL ENTITY

RATE	FEE
	\$ 355
x 9 =	\$
x 40 =	\$
+ 135 =	\$
TOTAL	\$355

OR

OR

OR

OR

OR

OR

OTHER THAN A
SMALL ENTITY

RATE	FEE
	\$ 710
x 18	\$
x 80	\$
+ 270	\$
TOTAL	\$

- ☐ Check No. _____ in the amount of \$ _____ to cover the filing fee is attached. The Director is not authorized to charge any fees that may be required to Deposit Account No. 15-0461.

Respectfully submitted,

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WPB:CWB/rxg